

May 21, 2004

Dear Lead Abatement Vendor:

Please be advised that the State of Michigan is preparing to update the **APPROVED VENDOR LIST** for **Lead Hazard Abatement Contracts**.

If you are interested in being considered for possible inclusion on the APPROVED VENDOR LIST for Lead Hazard Abatement Contracts, please follow the attached instructions.

Only those vendors who currently are on the State of Michigan, Department of Management and Budget, Acquisition Service's (previously known as Office of Purchasing) APPROVED VENDOR LISTS for Lead Abatement Contracts are exempt from these instructions.

All vendors selected for the APPROVED VENDOR LIST will also be required to register their company and employees with the State of Michigan Department of Community Health, Lead Hazard Remediation Program in order to perform lead abatement services. Registration information will be provided upon successful evaluation of the vendor's company.

If you have any questions regarding the **APPROVED VENDOR LIST**, please contact me at (517) 241-1145.

Sincerely,

Lymon C. Hunter, CPPB
Strategic Business Development
DMB, Acquisition Services

attachments

**LEAD ABATEMENT CONTRACT
APPROVED VENDOR LIST**

INSTRUCTIONS

1. **INTRODUCTION**

The Department of Management and Budget (DMB), Acquisition Services, is soliciting completed "Qualifications Questionnaires" from vendors interested in providing lead abatement contracting services for selected low to moderate income residential units and other projects.

2. **PURPOSE**

The attached Qualifications Questionnaire, when completed by a prospective bidder and submitted to Acquisition Services, will be evaluated by a Joint Evaluation Committee (JEC) comprised of State personnel having responsibilities and knowledge in the subject area. The purpose of the evaluation will be to establish an APPROVED VENDOR LIST of qualified prospective bidders. The firms named on the APPROVED VENDOR LIST will, for an established period, be sent Invitations to Bid (ITB) inviting them to submit written proposals for providing lead hazard abatement contracting services at selected residential units. **Only those firms appearing on the APPROVED VENDOR LIST will be allowed to respond to an ITB that is distributed by the local County Health Departments and the State.**

3. **EVALUATION CRITERIA**

Firms will, based on the responses to the attached "Qualifications Questionnaire."

4. **SUBMITTAL**

Firms submitting completed questionnaires shall not seek the identity of members of the JEC; any firm that attempts to identify and/or contact members of the committee will be disqualified from further consideration and may be debarred from doing further business with the State of Michigan.

Firms shall submit only the questionnaire form and sufficient attachments to provide complete, concise, AND relevant information.

Submit **six (6) copies** of the completed Qualifications Questionnaire to arrive at the following address no later than **5:00 p.m. (E.S.T.) on Thursday, June 24, 2004.**

Lymon C. Hunter, CPPB
DMB, Acquisition Services
2nd Floor, Mason Building
P.O. Box 30026
Lansing, MI 48909
517.241.1145
HunterL@michigan.gov

All vendors who have submitted a Qualifications Questionnaire in order to be considered for possible inclusion on the State of Michigan APPROVED VENDOR LIST for Lead Hazard Abatement Contracts will receive notification after the list has been finalized.

**LEAD ABATEMENT CONTRACT
APPROVED VENDOR LIST**

QUALIFICATIONS QUESTIONNAIRE

1. A. Firm information:

Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Identification Number: _____

B. Indicate previous names of business:

2. Indicate the contact person(s) in your organization authorized to speak on behalf of your firm and answer any questions regarding your submittal:

Name(s): _____

Title(s): _____

Telephone(s): _____

3. Identify associates and/or subcontractors that you plan to utilize for lead abatement work. Identify associates and/or subcontractors experience. In addition, explain the functions (including administrative, technical, equipment support, financial, etc.) for both the prime contractor and subcontractor.

4. Indicate type of ownership of firm:

Partnership	_____	Parent Company	_____
Corporation	_____	Branch Office (of)	_____
Individual	_____	Other (explain)	_____

5. The firm must be able to staff the project with personnel who possess talent and expertise in the field of lead abatement services. Indicate on an attached sheet each person in your firm who you intend to utilize on state projects, including their relevant project experience. In addition, provide resumes of project supervisors
6. On an attached sheet list and briefly describe three (3) projects completed by your firm which best illustrate your experience relative to lead abatement or asbestos abatement, renovation/remodeling and weatherization. Indicate which projects were completed for governmental clients and which projects were completed for private clients. In addition, please provide references including business entity, address, and telephone number for each project.
7. Indicate the number of years in business as a contractor in lead or asbestos abatement, renovation/remodeling, or weatherization. _____ years in _____ service.
8. Provide copies of the most recent three years' financial statements or tax returns which have been certified by a CPA for your company or a current (less than 30 days from the questionnaire due date) Dunn & Bradstreet Report for your company.

If submitting financial statements, the most recent year must be dated within twelve months of the filing of the completed Qualifications Questionnaire.

In conducting an evaluation, the State reserves the right to evaluate the financial stability of any vendor. The State may seek financial information from the vendor and from third parties. If the State determines in its sole discretion that contracting with a vendor presents an unacceptable risk to the State, the State reserves the right to not to qualify or award a contract to that vendor.

9. Provide the following information of the firm or CPA which prepared or certified your firm's financial statements.

Name: _____

Address: _____

Telephone: _____

10. List all legal or administrative proceedings currently pending or concluded adversely against your firm within the last five years which relate to procurement or performance of any public or private contracts.

11. Disclose whether your firm (or its predecessors, if any) has been insolvent or declared to be in bankruptcy within the past five years.

12. Submit a current valid copy of an ACORD insurance certificate indicating your company's insurance coverage. Insurance for State contracts must include Commercial General Liability, with the OCCUR box checked, Lead Specific Liability, Automobile Liability and Worker's Compensation.

In addition to maintaining the specified insurance coverages, the Contractor must list the State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees and agents as **ADDITIONAL INSURED**s on the Commercial General Liability policy, and Automobile Liability if a motor vehicle is used to provide services or products in the performance of the work.

13. Submit copies of your written Respiratory Usage Program that is written for lead abatement work as required by 29 CFR 1910.134.
14. Submit copies of the written Hazard Communication Program as required by 29 CFR 1926.59.
15. Provide information on your medical surveillance program that is written for lead abatement work for employees as required by 29 CFR 1926.62.
16. Submit copies of additional company safety policies.